

GROUP FOSTER HOME PERSONNEL RECORD CHECKLIST

Use of form: This form is used by Bureau of Regulation and Licensing staff to monitor a Group Foster Home's compliance with personnel related portions of HFS 57. It may also be used by Group Foster Homes to review their compliance with licensing requirements. Personally identifiable information will only be used to identify individual records.

Instructions: A check mark indicates the required information is in the staff person's file and meets the rule requirement. Name, employment date and job title should be completed.

Name - Group Foster Home			Address (Street, City, State, Zip Code)											Telephone Number				
Name - Staff Person	Start Date	Job Title	Date of Birth	Attendance Record	Background Information Disclosure	DOJ Report (Date)	IBIS Report (Date)	Health Record 57.05(1)(c)	TB Test 57.05(1)(c)	Written Job Description 57.05(4)(d)	Documentation of Orientation 57.05(5)	Documentation of Education, Training or Experience or Approved Plan 57.05(1)(d)1.	Documentation of In-Service 57.05(1)(d)2.	First Aid (every 3 yrs.) 57.05(1)(d)3. and 4.	Evaluations 57.05(4)(b)9.	Fire Extinguisher Training 57.07(20)(f)	2 Character References 57.05(4)(b)5.	Employer References 57.05(4)(b)5.
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SIGNATURE - Licensing Specialist													Date Signed					